Education and Learning
Services Australia

elsa

Tax invoice
ABN 24 113 565 923

Registration form

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E info@elsa.net.au
www.elsa.net.au

ABN 24 113 565 923

Workshop code _____ **Date** ___/___/___

Participant details

Mr/Mrs/Ms _____ First name _____ Surname _____

Membership No: _____ *If you do not currently have an ELSA membership number, please nominate a 6 – 8 digit number you won't forget.*

Organisation _____

Position _____

Home address _____

Postcode _____

Phone _____ Fax _____

Email _____

Check ELSA's website for our full privacy and refund policies, cancellations and updates to schedules

I was referred to ELSA by:

ELSA ID _____ Name: _____

Special requirements, e.g. catering, wheelchair access, etc

Fees (Remember to apply your membership discount. Please supply your Membership number for verification)

	Individual member	School member	Non-member	2 Workshop series
Afternoon or half day	$95 (inc GST)	$90 (inc GST)	$100 (inc GST)	$180 (inc GST)
Full day	$160 (inc GST)	$150 (inc GST)	$170 (inc GST)	$320 (inc GST)

Privacy

The personal information you give to ELSA will not be shared with anyone without your consent.

You have the choice to receive additional professional development information.

I wish to receive email about other ELSA products and services. Yes No (circle one)
I agree to my name and workplace being given to participants at this workshop. Yes No (circle one)

Refunds

Applications for refunds must be on the form available from the website. It must be received at the ELSA office at least 3 working days before the event by mail or fax. A 20% administration fee will be retained by ELSA.

Cancellations

A workshop may be cancelled if there are insufficient bookings. You will be given at least 3 working day's notice of any cancellation. All payments will be refunded. Participants may choose to attend another event.

Payment summary *(If no payment is included, ELSA will invoice the school)*

I enclose a cheque/money order made payable to ELSA for a total of $ _____

OR please charge ☐ Bankcard ☐ MasterCard ☐ Visa

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name of cardholder: *(please print clearly)* _____

Signature: _____ Expiry date: _____

OR EFT payment made on / / to ELSA account BSB 084 929 account number 583495307.

sustainable solutions